Name in Full: George Able

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monterno Hospital — County: Frederick

Date of death: Month: July — Day: 6 — 1904

Age: Years: 71 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Occupation: Y — Where Residing if not at place of death

Married, Single or Widowed: Y — Name of Wife or Husband: X — X

Father's Name: X — X — Father's Birthplace: X

Mother's Maiden Name: X — X — Mother's Birthplace: X

Name of person giving Information: X — X — How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of the Stomach — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Tildyson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A38616

Name in Full: Eliza Abrecht

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death: Month: July; Day: 24; 1904

Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: white; Birthplace:

Occupation: H. W.; Where Residing if not at place of death: —

Married, Single or Widowed: Widowed; Name of Wife or Husband: Luther Abrecht

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Shipley; Father's Birthplace: Frd. Co., Md.

Mother's Maiden Name: Rebecca Wills; Mother's Birthplace: Frd. Co., Md.

Name of person giving information: John abrecht; How related to deceased: Son

CAUSES OF DEATH

Primary: General Debility — 54; How long: Several months

Immediate: Heart failure; How long: One week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Hendrickson, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A66316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John C. W. Ahalt.

Died at: Town: Middletown County: Frederick

Date of death: Month: July Day: 26 1904

Age: Years: 1 Months: 2 Days: 13

Sex: Male Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Wilbur Ahalt. Father's Birthplace: Maryland

Mother's Maiden Name: Mamie E Ahalt. Mother's Birthplace: Maryland

Name of person giving Information: Henry Feete How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exanthesia How long: 2 weeks

Immediate: Acute Indigestion How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. A. Lamar, M. D.

Address: Middletown, Md.

Accident or Suicide? —

LIBRARY BUREAU A82516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Brunswick County: Frederick

Date of death: Month: July Day: 8 1904

Age: Years: — Months: — Days: 16

Sex: Male

Color or Race: White

Birthplace: Brunswick Md

Occupation: none

Where Residing if not at place of death: Brunswick

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jesse Allen

Father's Birthplace: Md

Mother's Maiden Name: Ella M Trigg

Mother's Birthplace: Md

Name of person giving information: Ella M Trigg

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Marasmus 15 1

How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L Hedges

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A6981G

Name in Full: John R. Ball

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brunswick — County: Frederick

Date of death 1904: Month: July — Day: 21 — Years: 67 — Months: 7 — Days: 13

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary E. Ball

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: My elitis — How long: 2 months

Immediate: Exhaustion + Bed sores — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas West

Address: Brunswick Fred'k Co

Accident or Suicide?

LIBRARY BUREAU A85516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Solomon Biggers

Died at: Town: Unionville; County: Frederick

Date of death: Month: July; Day: 30; 1904

Age: Years: 81 —; Months: —; Days: —

Sex: Male

Color or Race: Colored

Birthplace: Maryland

Occupation: Day laborer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Luvina White

Father's Name: Unknown

Father's Birthplace: Not Known

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: Martha Fisher

How related to deceased: Hospitalit

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of age

How long: Seemed to be very weak for a

Immediate: Heart failure

How long: about 5 minutes

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas P. Pappington

Address: Unionville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full: Saidie Pearl Beagle

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Frederick (County) Frederick

Date of death 1904 (Month) 7 (Day) 7 Age (Years) 20 (Months) x (Days) x

Sex: Female Color or Race: White Birthplace: Frederick

Occupation: None Where Residing if not at place of death: x

Married, Single or Widowed: Name of Wife or Husband: x

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: George K Beagle 59 Father's Birthplace: Frederick

Mother's Maiden Name: Mrs Flonnie Laymaster Mother's Birthplace: Frederick

Name of person giving information: Geo K Beagle How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: G.S. oid of Left Chest and abdomen How long: Suppose influenza

Immediate: Hemmorrhage & Shock. How long: 130 AM Died 6 30 PM

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maulsie Buchanan Dixon

Address: Frederick Md

~~Accident or~~ Suicide?

LIBRARY BUREAU A88516

Name in Full: Theodor Brookey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Indianola — County: Indianola

Date of death 1904: Month: July — Day: 14 — Age: Years: 69 — Months: 7 — Days: 14

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Anna Wormer

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Mary Krebbs — Mother's Birthplace: Germany

Name of person giving Information: Mrs Anna Brookey — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 10 months

Immediate: Acute Nephritis — How long: Four or five days

Are the name, age, sex, color, date and place correctly given above? Yes. — Signature of Physician: D. B. Johnson M.D.

Address: Indianola Miss.

Accident or Suicide?

LIBRARY BUREAU A6U515

Name in Full: Lewis Jasper Bowing

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Adamstown — County: Frd

Date of death: Month: July — Day: 31 — Year: 1904

Age: Years: 31 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Labrer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Wiley

Father's Name: Lansing Bowing — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Mary Bowing — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 15 mo.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. Clyde Rudasill

Address: Buckeystown

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Annie M. Cartee

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Churchville — County: Frederick

Date of death 1904	Month	Day	Years	Months	Days
	July	16	Age 11	6	16

Sex: Female — Color or Race: White — Birthplace: Churchville

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin Cartee — Father's Birthplace: Baltimore

Mother's Maiden Name: Minnie M. Gover — Mother's Birthplace: Ellicott

Name of person giving information: Father — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mumps And Tonsilitis — How long: 6 days

Immediate: Strangulation — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. W. Gefendanner

Address: Myersville Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Martha Cromwell.

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Urbana; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death | 1904 July 15th | Age: Years 60, Months —, Days —

Sex: Female | Color or Race: colored | Birthplace: Maryland

Occupation | Where Residing if not at place of death

Married, Single or Widowed: Married | Name of Wife or Husband: Randall H. Cromwell

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information: Rum Cromwell | How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary | How long

Immediate: Heart Disease | How long: Died Suddenly

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G. E. Shellenberger

Address: Urbana Md.

Accident or Suicide?

LIBRARY BUREAU A88815

Name in Full: Maurice Alhart Asseger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Thurmont — County: Frederick

Date of death 1904: Month: July — Day: 26

Age: Years: — Months: 8 — Days: 7

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband:

Father's Name: Robert E. Asseger — Father's Birthplace: Md

Mother's Maiden Name: Georgia C. Vogt — Mother's Birthplace: "

Name of person giving information: R. E. Asseger — How related to deceased: Parent

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastro Enteritis — How long: 3 days

Immediate: Convulsions — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A. Bixler

Address: Thurmont Md

Accident or Suicide? —

LIBRARY BUREAU A66S16

Name in Full: Jerry Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: July; Day: 13; Year: 1904

Age: Years: 56; Months: ; Days:

Sex: Male

Color or Race: Black

Birthplace: X

Occupation: X

Where Residing if not at place of death: X

Married, Single or Widowed: X

Name of Wife or Husband:

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: X

How related to deceased: X

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of the Liver.

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. S. Tyson, M.D.

Address: Frederick

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Della — County: Bud

Date of death: Month: July — Day: — — Years — Months: 7 — Days

Age

Sex: Male — Color or Race: White — Birthplace: md.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Davis — Father's Birthplace: Md

Mother's Maiden Name: Mattie Trail — Mother's Birthplace: Md

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Upon request of Geo Peters Under-
taker Board permit was issued

Name in Full: Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Woodville; County: Frederick; 16

Date of death 1904: Month: July; Day: 29th; Years: Infant; Months: 1; Days: 15

Sex: Female; Color or Race: Black; Birthplace: near Woodville

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: married; Name of Wife or Husband: Josphine Dorsey.

Father's Name: Charles A Dorsey.; Father's Birthplace:

Mother's Maiden Name: Josphine Hall.; Mother's Birthplace:

Name of person giving Imformation: Roderick Dorsey.; How related to deceased:

CAUSES OF DEATH

Primary: Gobacks; How long:

Immediate: 119; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician in attendance

Address:

Accident or Suicide? " "

LIBRARY BUREAU A83016

Name in Full: Mrs Caroline Dubel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mottos Station — County: Frederick

Date of death: Month: June — Day: 2nd ½ — Years: Age 76 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Mottos Station

Occupation: Home Keeper — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ or Husband: Cornelius Dubel

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " — Mother's Birthplace:

Name of person giving In formation: David Dubel — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: Gastritis — How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D. E. Stone, M.D.

Address: Emmitsburg Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name In Full Robert H Eckert

Certificate of Death

Died at Town Thurmonts County Frederick MARYLAND

Date 1907 Month 7 Day 4 | Age Y. 68 M. 2 D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 4

Husband of ~~Wife~~ Margaret Eckert

Father's Name Harrold Eckert | Mother's Maiden Name Browning

Cause of Death: Primary — Paralysis of Heart — How long sick 4 yrs

Immediate — Accident, Suicide, Homicide

Reported by Harry E. Stitely Undertaker

Address Thurmonts Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Daniel Everhart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Point of Rocks (Dist. or Twp.) County: Fred

Date of death 1904: Month 4 Day 16

Age: Years 70 Months 3 Days 29.

Sex: male Color or Race: White Birthplace: Do

Married, Single or Widowed: married Occupation: Farmer.

Name of Wife or ~~Husband~~: Anna Everhart

Father's Name: Daniel Everhart Father's Birthplace: Do.

Mother's Maiden Name: Elizabeth Hauchhold. Mother's Birthplace: Do

Name of person giving information: Mrs Everhart How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma of Liver How long: 3 mos.

Immediate: Cachexia How long: 48 hours.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O H Cowles

Address: Adamsburg Pa

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Virginia Elaine Fagan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: July — Day: 29 — 1904

Age — Years: X — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Frederick

Occupation — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Fagan — Father's Birthplace: Fred. Md

Mother's Maiden Name: Ada F. Staley — Mother's Birthplace: Fred Md

Name of person giving information: Ada Fraley — How related to deceased: Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 5 Days

Immediate: Hydrocephaloid — How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible]

Address: [illegible]

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elizabeth Fogle

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Four Points — County: Frederick

Date of death: Month: July — Day: 16 — 1904

Age: 83 — Months: 8 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Frederick Co. Md.

Occupation: None — Where Residing if not at place of death: Double Pipe Creek Md.

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: George Whitmore — Father's Birthplace: Frederick Co.

Mother's Maiden Name: Catharine Covert — Mother's Birthplace: " "

Name of person giving Information: Wm. A. Fogle — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: General debility — How long: 8 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. H. Dillon

Address: D. P. Creek. Maryland.

Accident or Suicide?

LIBRARY BUREAU A88016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Sarah E. Fox

Died at: Town: Fredericks — County:

Date of death 1904: Month: July — Day: 10 — Years: Age 74 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Widowed — Occupation: Housewife

Name of Wife or Husband:

Father's Name: Geisinger — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 8 weeks

Immediate: Asthenia / Senile Debility — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. M. Cundy

Address: 12 N. Patrick St

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Samuel. Grabill

Died at Johnsville, Fred. Co. — MARYLAND

Date 1904 Month July Day 7 — Age Y. 74 M. 7 D. 7 — Native of Md. — Occupation Farmer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ — Divorced — Number of children living 3

Husband of Wife

Father's Name Abraham Grabill — Mother's Maiden Name Hanna Myers

Cause of Death — Primary: Enteric Typhoid — How long sick 4 weeks

Immediate: Heart failure — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by James Pratt. M.D.

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by [illegible]orer, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full: Geo. Grove

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Lewistown — County: Frederick

Date of death: 1904 — Month: 7 — Day: 11 — Age: Years 82 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing If not at place of death: Lewistown Md

Married, Single or Widowed: Widow — ~~Name of Wife of~~ Husband: Wm Grove

Father's Name: Dufle — Father's Birthplace: Md

Mother's Maiden Name: [illegible] — Mother's Birthplace: Md

Name of person giving Information: [illegible] — How related to deceased: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile gen debility — How long: [illegible]

Immediate: Asthenia — How long: [illegible]

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H E Rhodes

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full

Certificate of Death

Mary C. Handley.

Died at Frederick (Town) Frederick (County) MARYLAND

Date 1904 Month 7 Day 11 | Age Y. 50 M. 10 D. 11 | Native of Walkersville | Occupation Housework.

~~Male~~ | White | Married | Widow | ~~Divorced~~

Female | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living Four

~~Husband~~ Wife of Albert Handley

Father's Name Geo N. Smith

Mother's Name Mary Lock.

Cause of Death: Primary Carcinoma of Stomach — How long sick 7 mos.

Immediate Cardiac Dropsy.

Accident, Suicide, Homicide

Reported by Lt. G. Steudamier

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Julia Ann Heffner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frayvilla — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: July — Day: 27th — Age — Years: 76 — Months — Days: 1

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Frederick L. Heffner

Father's Name: John Eyler — Father's Birthplace: Penn

Mother's Maiden Name: Susan Hoyle — Mother's Birthplace: Md.

Name of person giving Information: Charles Heffner — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age Cataracts — How long: 18 mos.

Immediate: of Stomach & Intes Indigestion — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank Hefner

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A8U616

Name in Full: Geo. Hill Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: July — Day: 3rd — 1904

Age: Years: 22 — Months: 10 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Elwood. Pa.

Occupation: Tramp — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob. I. Hill. Jr., — Father's Birthplace: Elwood. Pa

Mother's Maiden Name: Francis Coats — Mother's Birthplace: Elwood. Pa

Name of person giving information: Annie Jones — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Railroad accident (Crushed Head) — How long: One hour

Immediate: Cerebral Hemorrhage — How long: Ten minutes.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. I. Jamison. Jr.,

Address: Baltimore. Md.

Accident or Suicide? Accident

LIBRARY BUREAU A6B519

Name in Full: Hanna Hobbs —

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Unionville — County: Frederick

Date of death: 1904 — Month: July — Day: 22 — Age: Years: about 68 — Months: Unknown — Days: X

Sex: Female — Color or Race: Black — Birthplace: Fredk. Co.

Occupation: Housewife — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Widowed — Name of ~~Wife~~ Husband: Charles Hobbs

Father's Name: Unknown — Father's Birthplace: Not Known

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Information: Chas. Hobbs — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: V

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas P. Sappington

Address: Unionville, Maryland.

Accident or Suicide?

LIBRARY BUREAU A6881G

Burind Keys Chapel

Name In Full

Certificate of Death

Mrs. Estill Francis Hoy

Died at West Falls Town, Frederick County MARYLAND

Date ~~1903~~ 1904 Month July Day 27 Age Y. 23 M. — D. — Native of Fred Co Occupation Housewife

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living None

~~Husband~~ Wife of Harry Albert Hoy

Father's ~~Name~~ James Simms

Mother's Name Elizabeth Simms

Cause of Death — Primary Child Birth — How long sick 2 days.

Immediate Heart failure — ~~Accident, Suicide, Homicide~~

Reported by D. M. DeBilbiss M.D.

Address Woodville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: William Edw. Hudson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Frederick; County: Fredk.

Date of death: Month: 7; Day: 19; 1904

Age: Years: 20; Months: 8; Days: 19

Sex: Male; Color or Race: White; Birthplace: Washington D.C.

Occupation: Baker; Where Residing if not at place of death: Washington D.C.

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Edw J. Hudson; Father's Birthplace: Washington D.C.

Mother's Maiden Name: Rosie Gunsor; Mother's Birthplace: Germany

Name of person giving information: Mrs. Hudson; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Fever; How long: 4 weeks

Immediate: Cardiac Paralysis; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. V. Fahrney

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Millard F. Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Buckeystown — County: Frederick

Date of death 1904 — Month: 7 — Day: 11 — Age — Years: — Months: 5 — Days: 7

Sex: Male — Color or Race: Black — Birthplace: F. Co Md

Occupation: — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name or Wife or Husband:

Father's Name: John F. Johnson — Father's Birthplace: Va

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Wm F. Johnson — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Pneumonia — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A3S816

Name in Full: Jane Justice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Unionville; County: Frederick

Date of death: 1904 July 6 — Age: Years 76; Months; Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widows — Name of Wife or Husband: William Justice

Father's Name: Not known — Father's Birthplace:

Mother's Maiden Name: Not known — Mother's Birthplace:

Name of person giving information: James Bostian — How related to deceased: Step Grand Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Nephritis — How long: about 3 years

Immediate: Debility — How long: In bed 15 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Thomas P. Sappington

Address: Unionville Maryland.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Charles King

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death: 1904 — Month: July — Day: 9

Age — Years: 22 — Months — Days

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Mary King

Father's Name: Elisha King

Father's Birthplace: Md.

Mother's Maiden Name: Jane Sutton

Mother's Birthplace: Va

Name of person giving Information: Rhoddie Brown

How related to deceased: Step father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of the Lungs — How long: 1 year

Immediate: Exhaustion + Hemorrhage from Bowels — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Wisk

Address: Brunswick Md.

Accident or Suicide?

LIBRARY BUREAU A66316

Received. July 10 1904
1.15 P M

Name in Full Paul Kelly Libby

Certificate of Death

Died at New Windsor Town County Frederick MARYLAND

Date 1904 Month 7 Day 21 Age Y. 41 M. D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Irving Libby Mother's Name Nora Libby

How long sick

Cause of Death: Primary

Immediate Acute Enteritis Colitis Accident, Suicide, Homicide

Reported by D E Ray M.D.

Address New Windsor Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full: William N. Lloyd

CERTIFICATE OF DEATH

MARYLAND

Died at Near Town: Brunswick County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: July	Day: 20	Age: 79	Months: 7	Days:
Sex: Male	Color or Race: White		Birthplace: ~~Md~~ U.S.		
Occupation: Farmer	Where Residing if not at place of death:				
Married, Single or Widowed: Widower	Name of Wife or Husband: Emily J. Lloyd				
Father's Name: William Lloyd			Father's Birthplace: U.S.		
Mother's Maiden Name: Anna Collison			Mother's Birthplace: U.S.		
Name of person giving information: John W. Lloyd			How related to deceased: Son		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease	How long: 6 mos
Immediate: Dropsy	How long: 3 mos
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Levin Webb
	Address: Brunswick Frederick Co
Accident or Suicide?	

LIBRARY BUREAU A88618

Name in Full: Margaret Catherine Long

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Daysville; County: Frederick

Date of death: Month: July; Day: 14; 1904

Age: Years: 68; Months: 4; Days: 27

Sex: Female

Color or Race: White

Birthplace: Frederick Co

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of ~~Wife~~ or Husband: Reuben Long

Father's Name: Adam Musbaum

Father's Birthplace: Frederick Co

Mother's Maiden Name: Rachiel Baumgartner

Mother's Birthplace: Frederick Co

Name of person giving In formation: Reuben Long

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Intestinal Obstruction — How long: 10 days

Immediate: Ex Laustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otis B. Stone M. D.

Address: Liberty Town Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Wade Wallace Manford.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Burkittsville; County: Frederick

Date of death 1904: Month: July; Day: 18

Age: Years: ; Months: 1; Days: 18

Sex: Male; Color or Race: W. White; Birthplace: Near Burkittsville

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wade Madison Manford (Dead); Father's Birthplace: U. S. a.

Mother's Maiden Name: Lottie Wallace (Dead); Mother's Birthplace: Md.

Name of person giving Imformation: Elemer Byerman; How related to deceased: Near Related.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pertussis.; How long: about 10 days.

Immediate: Heart Failure.; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. M. Schildtneck

Address: Burkittsville

Accident or Suicide?

LIBRARY BUREAU A66018

Name in Full: Lucinda Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death: Month: July — Day: 28 — 1904

Age — Years: 69 — Months: 3 — Days: 10

Sex: Female

Color or Race: White

Birthplace: Frederick

Occupation: Housewife

Where Residing if not at place of death: West 4th St.

Married, Single or Widowed: Widow

Name of Wife or Husband: Oliver Martin

Father's Name: John Jamieson

Father's Birthplace: Fred. Co.

Mother's Maiden Name: ~~McKnown~~

Mother's Birthplace: Fred Co

Name of person giving Information: Daughter

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility

How long: 5 yrs.

Immediate: Asthenia

How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: 72 E. Church St.

Accident or Suicide?

LIBRARY BUREAU A38816

Name in Full: Sarah Rebecca Martin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Thurmont — County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	July	2	Age: Years 75	Months 8 / Days 17
Sex	Female	Color or Race	White	Birthplace	Thurmont Md
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	John David Martin (deceased)		
Father's Name	Geo Favorite			Father's Birthplace	Thurmont, Md
Mother's Maiden Name	Eliza Groff			Mother's Birthplace	Thurmont, Md
Name of person giving Information	Ella Martin			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senile Debility	How long 3 yrs.
Immediate	Odem of brain & H. Dist. failure	How long 10 days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician: E. C. Kefauver M.D.
		Address: Thurmont. Md.
Accident or Suicide?		

LIBRARY BUREAU A88818

Name in Full — Certificate of Death

Charles Mathews

Died at Town: Pleasant Fields County: Frederick MARYLAND

Date 1904 Month: July Day: 8 | Age Y. 90 M. — D. | Native of | Occupation

Male / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

Husband / Wife of Eliza Mathews

Father's Name — Mother's Maiden Name

Cause of Death — Primary: — — Immediate: Senile decay — How long sick

Accident, Suicide, Homicide

Reported by Mr. Whitlow

Address Unionville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Mortimer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 7	Day: 14	Age: Years 94	Months	Days
Sex: Male	Color or Race: White		Birthplace: Ireland		
Occupation: Night Watchman	Where Residing if not at place of death: St Joseph's Academy				
Married, Single or Widowed: Widower	Name of Wife or Husband: Not known				
Father's Name: Not known			Father's Birthplace: "		
Mother's Maiden Name: Ditto			Mother's Birthplace: "		
Name of person giving Information: James Fitzgerald			How related to deceased: Nun		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Gastritis		How long: One week
Immediate: Natural causes of old age		How long: "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: John B. Brown M.D.	
	Address: Emmitsburg Md	
Accident or Suicide?		

LIBRARY BUREAU A888-10

Name In Full

Certificate of Death

George Matter

Died at Town: Frederick County: Frederick MARYLAND

Date 1904 Month: July Day: 4 | Age Y.: 21. M.: — D.: — | Native of: Frederick | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ | Number of children living: —

Husband of —

Wife —

Father's Name: John C Matter | Mother's Maiden Name: Effie Marken

Cause of Death — Primary: Subacute Nephritis. | How long sick: 3 months

Immediate: Uraemia.

~~Accident, Suicide, Homicide~~

Reported by L. A. Bruen M.D.

Address 23 E. ~~Second~~ Church St Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Alonzo R Mozley

15, CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Barnesloows — County: Frederick

Date of death 1904 — Month: July — Day: 18th — Age — Years: — Months: 3 — Days: 8

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alonzo J. Mozley — Father's Birthplace: Md

Mother's Maiden Name: Maryetta V Wolfe — Mother's Birthplace: Md

Name of person giving information: Maryetta V Mozley — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 9 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Hopkins Jr. M.D.

Address: New Market, Md.

Accident or Suicide? no

LIBRARY BUREAU A88316

Name in Full: Alice S. Purdum

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kemptown; County: Frederick

Date of death 1904: Month: July; Day: 6th

Age: Years: 37; Months: 5; Days: 7

Sex: Female; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Married; Occupation: House Wife

Name of Wife or Husband: Rufus E. Purdum

Father's Name: Milton Baker; Father's Birthplace: Md

Mother's Maiden Name: Anna M. Lewis; Mother's Birthplace: Md

Name of person giving information: Milton Baker; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs; How long: 8 ms.

Immediate: Exhaustion; How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Claude Fout M.D.

Address: Kemptown Md

Accident or Suicide? ———

LIBRARY BUREAU A66516

Name in Full: Edward Ramsburg

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Walkersville — County: Frederick

Date of death 1904: Month: July — Day: 15

Age: Years: 82 — Months: 7 — Days: 15

Sex: male — Color or Race: white — Birthplace: Bethel.

Married, Single or Widowed: married — Occupation: farmer—retired.

Name of Wife or Husband: wife dead

Father's Name: Casper Ramsburg. — Father's Birthplace: X

Mother's Maiden Name: Elizabeth Ramsburg — Mother's Birthplace: X

Name of person giving In formation: — How related to deceased: X

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac & renal trouble. — How long: Six months

Immediate: general debility. — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. D. Nicodemus M.D.

Address: Walkersville Md.

Accident or Suicide? X

LIBRARY BUREAU ARSAIS

Name in Full: Mildred Orman Ray, 19

CERTIFICATE OF DEATH

MARYLAND

Died at: Mon Mun Market, Town; Fredk, County

Date of death	Month	Day	Years	Months	Days
1904	7,	7,	Age X	6,	X

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birthplace: Fredk Co, Md.

Occupation:

Where Residing if not at place of death: at place of death

Married, Single or Widowed:

Name of Wife or Husband: Lena Orman Ray,

Father's Name: Frank Ray,

Father's Birthplace: Fredk Co. Md

Mother's Maiden Name: Lena Orman Ulrich,

Mother's Birthplace: " " "

Name of person giving information: John R. Ulrich

How related to deceased: Grand Father,

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long: Sick a few hours

Immediate: Spasms,

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Physician in Charge

Address:

Accident or Suicide?

LIBRARY BUREAU A65016

Name in Full: William H. Riley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: July — Day: 22nd — Age — Years: 4 — Months: 7 — Days: 21

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Brooklyn

Occupation: None — Where Residing if not at place of death: Brooklyn

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William J. Riley — Father's Birthplace: Brooklyn

Mother's Maiden Name: Emma F. Brady — Mother's Birthplace: Brooklyn

Name of person giving Information: Father H. Riley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Con. Fact. Radius and Ulna — How long: 10 days

Immediate: Septicemia — How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Frank Hedges

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Joseph L Routzahn

CERTIFICATE OF DEATH

MARYLAND

Died in: Town: Frederick; County: Frederick

Date of death: Month: 7; Day: 22; Years: 1904; Age: Months; Days:

Sex: Male; Color or Race: White; Birthplace: Frederick Co Md

Occupation: Retired; Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married; Name of Wife or Husband: Ellen A E Coblentz

Father's Name: Joseph Routzahn; Father's Birthplace: Frederick Co

Mother's Maiden Name: Elizabeth Lighter; Mother's Birthplace: a a

Name of person giving Information: Miss Nannie Routzahn; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteio - Sclerosis; How long: For a few years.

Immediate: Oedema of Lungs.; How long: Twenty four hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Bd Thomas MD

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Sarah J. Deacon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death: 1904 — Month: 7 — Day: 25 — Age: Years: 80 — Months: 4 — Days: 18

Sex: Female — Color or Race: Wh — Birthplace: Pa

Occupation: H & W — Where Residing if not at place of death: Frederick

Married, ~~Single~~ or ~~Widowed~~ — Name of ~~Wife~~ Husband: Michael Deacon

Father's Name: John Kenie — Father's Birthplace: Pa

Mother's Maiden Name: Lucinda Hacins — Mother's Birthplace: Pa

Name of person giving Information: John W. Deacon — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Epithelioma of Face — How long: 1 Year

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physicien: Chas. F. Goodlee MD

Address: Frederick, Md

~~Accident or Suicide?~~

LIBRARY BUREAU A33016

Name in Full: Elias Talbott Shafer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burkittsville; County: Fred'k

Date of death 1904: Month: 9; Day: 2; Years: 66; Months: 11; Days: 24

Sex: Male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: Single; Occupation: Retired Farmer

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Shafer; Father's Birthplace: Md

Mother's Maiden Name: Mary M. Willard; Mother's Birthplace: Md

Name of person giving information: Mrs Thomas Biser; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis + Dilated Heart; How long: Years

Immediate: Exhaustion; How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Geo. Courtney

Address: Burkittsville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Robt. W Sparks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Knoxville County: Frederick

Date of death: 1904 Month: July Day: 21

Age: Years: 8 Months: 8 Days: 8

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Aphriston R. Sparks

Father's Birthplace: Md

Mother's Maiden Name: Louisa Nimberger

Mother's Birthplace: Md

Name of person giving Information: Lewis Nimberger

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro Intestinal Catarrh

How long: 1 Week

Immediate: Convulsions

How long: 1 hour

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Levin Wisp

Address: Brunswick Frd Co

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Caroline Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Della — County: Fred

Date of death: 1904 — Month: July — Day: 19 — Years: 89 — Months: 7 — Days: 9

Sex: Female — Color or Race: Colored — Birthplace: Mont Co.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information: Frank Chase — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age. — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None.

Address

Accident or Suicide?

LIBRARY BUREAU A88516

Geo. Peters Undertaker

Buried at St Joseph, Minn.

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Martha Sophia Stauffer

Died at (Town): Thurmont. (County): Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Month: July	Day: 27	Age: Years 73	Months 9 Days 18
Sex	Female	Color or Race	White	Birthplace	Washington D.C.
Occupation	Home —	Where Residing if not at place of death	—		
Married, Single or Widowed	Widow	Name of Wife or Husband	James F. Stauffer		
Father's Name	Thomas Metcalf			Father's Birthplace	England
Mother's Maiden Name	Mary Dellaplaine			Mother's Birthplace	Fred'k Co, Md.
Name of person giving Information	Mrs J. C. Stockdale			How related to deceased	Daughter.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senile Decay. and Capillary Bronchitis	How long	About 6 mos.
Immediate	Odema of Brain	How long	3 Weeks.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	E. L. C. Hefauver M.D.
		Address	Thurmont. Md.
Accident or Suicide?	—		

LIBRARY BUREAU A66816

Name in Full: Fannie Streams

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brookville — County: Frederick

Date of death: Month: July — Day: 10 — 1904

Age — Years: 59 — Months — Days

Sex: Female

Color or Race: Colored

Birthplace: Brookville

Occupation: —

Where Residing if not at place of death

Married, Single or ~~Widowed~~: Single

Name of Wife or Husband

Father's Name: L. William Streams

Father's Birthplace: —

Mother's Maiden Name: Amanda Lewis

Mother's Birthplace: —

Name of person giving Information: John F Streams

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Samuel Clagett

Address: Petersville

MD

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mozie La Rue Stull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ladiesburg, County: Frederick.

Date of death 1904: Month: July, Day: 2

Age: Years: 6, Months: 5, Days: 1

Sex: Female. Color or Race: White. Birthplace: Frederick Co.

Married, Single or Widowed: —. Occupation: —.

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sterling Stull. Father's Birthplace: Lewistown Md.

Mother's Maiden Name: Ida Hiet. Mother's Birthplace: " Md.

Name of person giving Information: Josiah L. Haugh. How related to deceased: None.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burn. How long: 12 hours.

Immediate: —. How long: —.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. Dielz

Address: D. P. Race Maryland

Accident ~~or Suicide~~?: Accident

LIBRARY BUREAU A-58516

Name in Full: George Leo Sullivan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Brunswick — County: Frederick

Date of death: Month: July — Day: 23 — 1904 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Brunswick

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Thomas Sullivan — Father's Birthplace: Md

Mother's Maiden Name: Ella Pouch — Mother's Birthplace: Md

Name of person giving information: Thomas Sullivan — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: 4 weeks

Immediate: Entero-Colitis — How long: week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. G. Horine

Address: Brunswick Md

Accident or Suicide? no

LIBRARY BUREAU A88516

Name in Full: Emma Catherine Sweeney

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Catoctin Furnace; County: Frederick

Date of death 1904: Month: July; Day: 21; Age: Years: 35; Months: 9; Days: 29

Sex: Female; Color or Race: White; Birthplace:

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Charles Sweeney

Father's Name: John Larson; Father's Birthplace:

Mother's Maiden Name: Isabella Weller; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abortion; How long:

Immediate: Septicaemia; How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. D. S. Young

Address: Creagerstown / Fredck Co

Accident or Suicide?

LIBRARY BUREAU A68616

Name in Full: Thomas H Todd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Montevue Hospital — County: Frederick

Date of death: 1904 — Month: July — Day: 14 — Years: Age 60 — Months — Days

Sex: Male — Color or Race: Black — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — ~~Name of Wife or~~ Husband: Thomas H. Todd.

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Senility — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Ruth E. Wachter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Lime Kiln. County: Frederick

Date of death: Month: 7 Day: 14 Year: 1904 Age: Years: 9 Months: 8 Days: 23

Sex: Female Color or Race: White Birthplace: F. Co. Md

Occupation: None Where Residing if not at place of death: Bloomfield Md.

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Howard Wachter Father's Birthplace: F. Co. Md.

Mother's Maiden Name: Phebe Geasy Mother's Birthplace: " " "

Name of person giving information: Mrs. Wachter How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 179 How long

Immediate: How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. M. Eckstein M.D.

Address: acting Coroner

Accident or Suicide?

LIBRARY BUREAU A48516

Name in Full: Percy Eugene Wallis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County:

Date of death 1904: Month: July — Day: 19 — Years: Age: 1 — Months: 5 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Geo W — Father's Birthplace:

Mother's Maiden Name: Josie — Mother's Birthplace:

Name of person giving Information: Father — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Intestinal — How long: 1 week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo F McCurdy

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

St Johns Cemetery

C. C. C.

July 20th - 1904

Name in Full: Alonzo Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New London — County: Frederick

Date of death: 1904 — Month: July — Day: 25

Age: Years: 9 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Frederick Co

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Horace Williams — Father's Birthplace: New Market

Mother's Maiden Name: Georgia Thomas — Mother's Birthplace: New Market

Name of person giving Information: Benjiman Disley — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long: 3 weeks.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Otis B. Stone M. D.

Address: Liberty Town, Md

Accident or Suicide?

LIBRARY BUREAU A89316